



CITY OF CARROLLTON
SPECIAL ALCOHOLIC BEVERAGE EVENT LICENSE APPLICATION for
DOWNTOWN AMPHITHEATER

(Applications must be made at least thirty (30) days prior to the date of the event unless otherwise waived)

DATE, TIME, and DURATION OF EVENT:

REQUESTED VENDOR BOOTH ASSIGNMENT NUMBER (prioritized based on application submittal date):

NAME OF APPLICANT APPLYING FOR THE LICENSE:

APPLICANT PHONE NUMBER:

APPLICANT EMAIL ADDRESS:

INSURANCE VERIFICATION LETTER ATTACHED: YES ☐ NO ☐

The City of Carrollton must be listed as additional insured on applicant's general liability and liquor liability insurance policies. A letter or certificate from the insurance company verifying this must be attached to this application.

DETAILED DESCRIPTION OF EVENT: _____

DETAILED DESCRIPTION OF BAR OR COUNTERTOP TO BE USED AT EVENT (INCLUDE DIMENSIONS):

TYPE OF ALCOHOL TO BE OFFERED FOR SALE: BEER ☐ WINE ☐ DISTILLED SPIRITS ☐

WILL ENTERTAINMENT BE PROVIDED AT EVENT? YES ☐ NO ☐

If yes, please describe in detail.

ESTIMATED NUMBER OF PARTICIPANTS:

AT LEAST ONE (1) CERTIFIED CITY OF CARROLLTON POLICE OFFICER HAS BEEN PROCURED BY APPLICANT TO PROVIDE SECURITY AT EVENT? YES ☐ NO ☐

VERIFICATION

I, _____, do solemnly swear subject to criminal penalties for false swearing, that
PRINTED NAME OF APPLICANT
all the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such License. Furthermore, I do hereby certify that I have received and read a copy City of Carrollton Alcohol Ordinance and I understand said requirements and will comply with the same. Furthermore, by signing herewith, I do hereby acknowledge that alcoholic beverages shall not be provided or sold to anyone under the legal age to consume such.

Applicant's Signature (FULL NAME IN INK)

I hereby certify that _____ signed his/her name to the foregoing
(Full Name of Applicant)
application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This _____ day of _____, 20 _____.

Notary Public

(AFFIX SEAL)

FOR STAFF USE ONLY:

Received: _____
Date

By: _____
Staff Signature

APPLICANT APPROVED FOR LICENSE? YES ☐ NO ☐

If no, why was the Applicant denied the Special Alcoholic Beverage Event License?

COPY OF APPLICANT'S DRIVERS LICENSE ATTACHED HERewith: YES ☐ NO ☐

CITY OF CARROLLTON POLICE OFFICER(S) SCHEDULED TO PROVIDE SECURITY AT EVENT: YES ☐ NO ☐
(or more security personnel if deemed necessary by the City Manager)

SECURITY PROVISION WAIVED BY THE CITY MANAGER: YES ☐ NO ☐

INSURANCE VERIFICATION LETTER ATTACHED: YES ☐ NO ☐

\$150.00 FEE PAID BY: ☐ CASH ☐ CHECK #-_____ ☐ CREDIT CARD

**ALL PROVISIONS FOR THE SPECIAL ALCOHOLIC BEVERAGE LICENSE HAVE
BEEN SATISFACTORILY COMPLETED, AND THEREFORE THE LICENSE IS HEREBY
APPROVED BY TIM GRIZZARD, CITY MANAGER.**

Tim Grizzard, City Manager

Date

LICENSE ISSUED BY: _____
Tina Laney, Alcohol Licensing Dept.

DATE ISSUED: _____